

Tennessee Commission on Children & Youth's Budget Recommendations FY2025-26



YOUTH JUSTICE

- Explore creating an additional sentencing structure for Serious Youthful Offenders giving the judiciary discretion to allow them to remain under juvenile court jurisdiction and Department of Children's Services supervision until age 25.

CHILD WELFARE

- Implement a re-entry pilot program with wrap-around services focused on family engagement, mentoring, employment and advance exit planning.
- Create a separate licensure for kinship placements to draw down federal Title IV-E funds to provide relative caregivers with similar support to foster parents.

HEALTH

- Supporting work at DCS, conduct a workload study and implement weighted caseload cap for caseworkers based upon the findings.
- Establish recurring funding for Child Safety Seat program.
- Invest in strategies to lower infant mortality.

MENTAL HEALTH

- Building on significant investments, use the existing infrastructure of the Council on Children's Mental Health while expanding statutory requirements to develop an updated statewide plan focused on coordinating and communicating mental health services and availability for youth.

CHILD CARE

- Implement a Child Care Subsidy for Child Care Workers program.
- Conduct a study on Tennessee's child care subsidy participation and opportunities.

EDUCATION

- Include automatic inflation adjustment for TISA funding formula.

Youth Justice

Explore creating an additional sentencing structure for Serious Youthful Offenders giving the judiciary discretion to allow them to remain under juvenile court jurisdiction and Department of Children's Services supervision until age 25.

WHY

Addressing serious youth behavior and offenses requires a wrap-around approach of targeted interventions grounded in evidence-based practices and informed by developmental and brain science.

While the unique developmental stage of youth and young adults makes them more impulsive, less future-oriented, and less likely to evaluate risk versus reward it also makes them more amenable to treatment and rehabilitation.^{1,2,3}

Courts have again and again upheld the basic understanding that youth brains are different from adults and less culpable.⁴ Juvenile courts were developed with an understanding of the unique needs of this population, the potential they have, and the serious interventions required to develop that potential.

Juvenile courts in Tennessee are to, "Consistent with the protection of the public interest, remove from children committing delinquent acts the taint of criminality and the consequences of criminal behavior and substitute therefore a program of treatment, training and rehabilitation."⁵ For the most serious offenses these courts work with the Youth Development Centers to provide "detention, treatment, rehabilitation and education of children found to be delinquent."⁶

These two systems work together, in an age-appropriate manner to treat and rehabilitate the youth in their care. Services provided include mental health treatment, family therapy, individual therapy, Anger Replacement training, sexually aggressive youth programming, alcohol and drug treatment services, medical services general educational, special education, and HiSET.⁷

Creating the option for judges to continue to work with the Youth Development Centers to rehabilitate Serious Youthful Offenders allows them another tool as they work to ensure public safety and the successful rehabilitation and treatment of our youth.

Currently, Serious Youthful Offenders remain under the jurisdiction of the juvenile court until age 25, however, the supervision and responsibility for treatment, rehabilitation, and services no longer lie with the Department of Children's Services after age 19 and that responsibility then falls to Department of Corrections.⁸

Youth's needs, situation, and amenability to treatment can vary drastically; even for youth of the same age who have committed the same offense. Creating more options and pathways to treatment for our youth while allowing our judges discretion in sentencing will create a system that better serves and rehabilitates our youth and their families while protecting community safety.

Explore an additional sentencing scheme for Serious Youthful Offenders that allows them to remain in the custody of DCS.

Provide judicial discretion on which sentencing path a youth receives.

Phase in the new sentencing scheme to align with the completion of the new Youth Development Center. This will allow for a separate pod to be developed for youth 19 - 24.

Prior to age 19, the juvenile judge shall determine if the youth will be released, placed on probation or continue in the Serious Youthful Offender pod.

No youth sentenced under the new scheme may be released into the community without a minimum year of community support with an Independent Living Specialist

If after the hearing it is determined that the youth will be moved to community supervision. The Department is required to have monthly exit planning meetings with the youth, youth's caregivers or support members, treatment team, caseworker and any member the youth requests.

Any youth kept in the Serious Youthful Offender pod is required to receive full-time education (GED/Hi-SET, High School, TCAT, or College). Youth must also receive 6 hours per week of career readiness preparation courses and 6 hours a week of evidence-based mental health treatment provided by a licensed clinician.



Youth Justice

Implement a re-entry pilot program with wrap-around services focused on family engagement, mentoring, employment and advance exit planning.

WHY

The transition back home after youth have been in custody can be challenging if youth have not had significant time and support to plan and engage with the process.

Many times, they might be returning to peers who have moved on to the next stage of life, whether that be additional educational opportunities or participating in the workforce. Ensuring that youth have a plan of where they will fit in is critical to a successful transition and reducing recidivism.

Engaging a child's family in the therapeutic treatment process throughout detention is critical to a successful youth justice system. Still, it becomes even more imperative as the youth plans to return home to loved ones.

The transition back to their community can be a turning point in whether a child is successfully rehabilitated or not. This moment should be supported with extensive planning, resources, and community support.

A pilot program in Georgia has a successful re-entry planning model:⁹

It starts with developing a reentry plan within 60 days of the youth's detention. A multidisciplinary team—which includes a reentry specialist, juvenile detention counselor, community case manager, and mental health counselor—meets with the youth and family. As the release date nears, the team meets monthly, joined by a reentry resource coordinator who connects the family with local service providers and an education specialist who helps facilitate a return to high school or enrollment in postsecondary school or technical college.

The program has long-standing partnerships with companies to provide employment opportunities to the youth and their caregivers when necessary.

Factors that contribute to the project's success include an emphasis on family engagement. Monthly "family chats" address topics such as financial literacy, nutrition, and substance use, and a 10-week course emphasizes ways to strengthen family communications.

The reentry program has a Reentry Taskforce that improves outcomes by increasing support. The DJJ Reentry Taskforce convenes stakeholders to work together to support jurisdiction-wide reentry policy and practice changes.

Taskforce membership currently consists of more than 70 state agencies and nonprofit organizations. The DJJ Reentry Taskforce is divided into eight Subgroups with DJJ serving as the "backbone" organization: Family and Living Arrangements; Peer Groups and Friends; Behavior and Physical Health (Substance Use); Education and Schooling; Career and Technical Education; Leisure Time, Recreation and Avocational Interests; Parenthood Subgroup; and Underserved Areas Subgroup.



Child Welfare

Create a separate licensure for kinship placements to draw down federal Title IV-E funds to provide relative caregivers with similar support as foster parents.

WHY

The Relative Caregiver Program creates the option for relatives to provide care for non-custodial children who are unable to remain in the homes of their biological parents.¹ The program aims to prevent entry or re-entry into the foster care system.

Currently, Relative Caregivers are provided support services including a monthly stipend of half of the foster care daily board rate or \$14.12 per day.² The state currently uses funds from the Tennessee Fosters Hope Fund to make these payments.³

For youth who enter foster care, the state can be reimbursed for 50 percent of every qualifying dollar spent through federal Title IV-E funding.⁴ Title IV-E is an uncapped entitlement; however, one requirement for accessing these funds is that the youth be in a licensed or approved foster placement.⁴

An Administration for Children and Families rule change effective November 27, 2023, now allows for states to develop different licensing or approval standards for relative or kinship homes.⁵ Agencies may then choose to claim title IV-E foster care maintenance payments on behalf of a child in such home. Agencies are also encouraged to ensure these payments are equal to non-kinship payments.⁵

Creating a separate licensure for kinship placements will allow the state to use available federal funding to expand the already successful Relative Caregiver Program, increase daily board rates, and create the opportunity to provide youth in these placements with health insurance.

The Relative Caregiver Program served 1,473 children in 2023.⁶

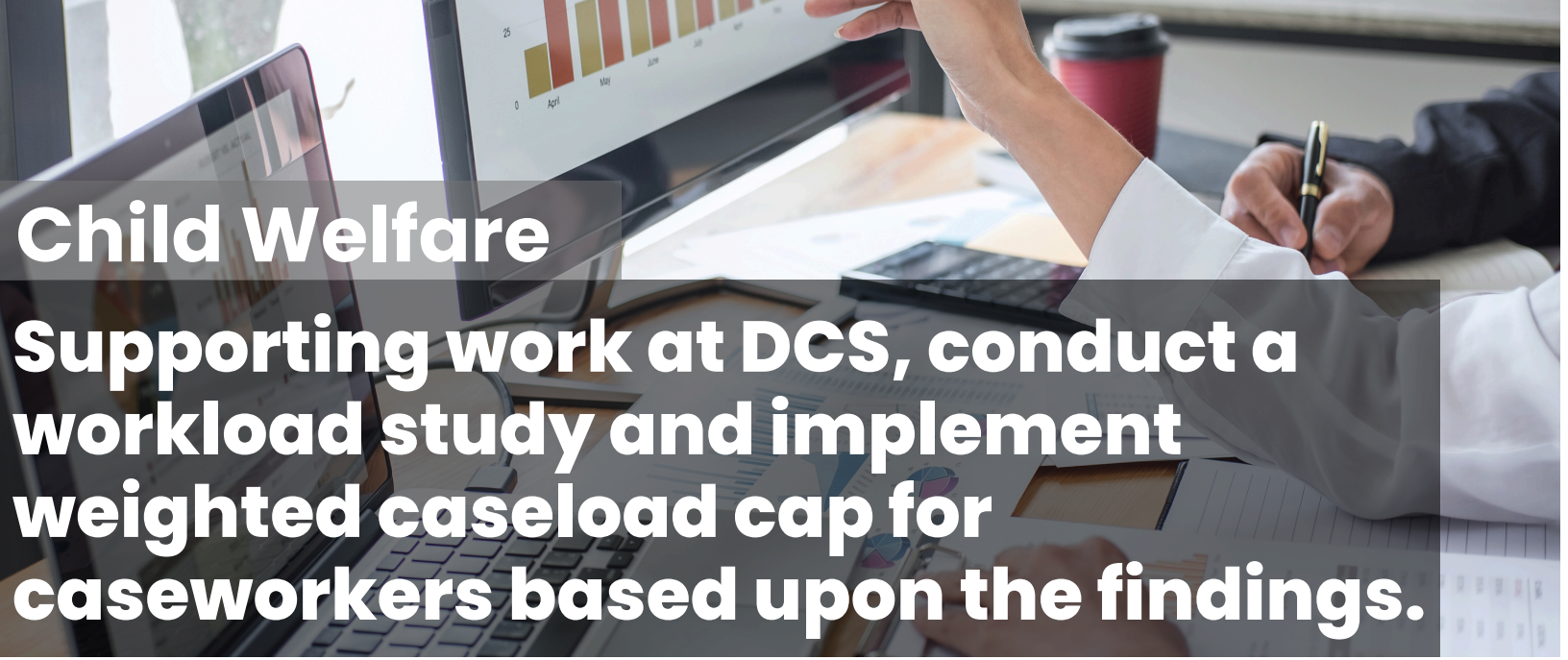
In 2023, Tennessee provided \$5,662,924 in payments to relative caregivers averaging \$3,844 per child.⁶

With new expanded eligibility criteria that went into effect in July 2024, it is expected an additional 1,941 children will become eligible for the Relative Caregiver program and subsequent payments.³

In 2023, only 8 of the 1,473 children entered state custody after being in a Relative Caregiver placement.⁶

- Benefits of Kinship/Relative Caregiver Placement⁷**
- Minimizes trauma
 - Improves child well-being
 - Increases permanency for children
 - Improves behavioral and mental health outcomes
 - Promotes sibling ties
 - Provides a bridge for older youth
 - Preserves children’s cultural identity and community connections

National organizations have worked closely with kin caregivers, subject matter experts, and at least 45 title IV-E agencies to develop draft kin-specific standards which were adapted from the NARA Model Family Foster Home Standards. Those can be found here: www.americanbar.org/content/dam/aba/administrative/child_law/federal-rule-provides-ive-for-kin.pdf



Child Welfare

Supporting work at DCS, conduct a workload study and implement weighted caseload cap for caseworkers based upon the findings.

WHY

Maintaining appropriate and manageable caseloads for child welfare workers is vital to ensuring Tennessee's children are safe and protected and our caseworkers can effectively perform their jobs.

Current statute requires the department to maintain monthly regional average caseloads of no more than 20 children for ongoing services.⁸ The department is currently working to reduce caseloads and develop effective caseload standards and monitoring.

While establishing and enforcing caseload standards is necessary for an effective child welfare system, many states including Florida, Idaho, and Indiana are moving toward evaluating both caseload and workload.⁹

Not all cases that come before the child welfare system are the same. There are varying numbers of children, allegations, and other additional complicating factors that might require more time to properly assess and support that child or family. Workload studies take into consideration these factors and establish weights to certain circumstances.⁹

Workload studies also evaluate the time currently used to complete case tasks compared to the time needed to complete tasks following all policies and best practices.

Developing caseload caps based on the findings of a workload will allow workers the time they need to give children and their caregivers the attention they deserve.

“Researchers are moving away from measuring worker activity and forecasting staffing needs by caseload numbers (caseload concept) and moving toward caseload/workload assessment methods that take into account: case type, case complexity, units of work per case (workload/time study), and staff experience and performance”⁹

- Child Welfare Development Services, Research Summary: Caseload Standards & Weighting Methodologies.

Case characteristics that can impact workload:⁹

- **Placement type (non-custodial, relative, foster, or congregate care)**
- **Number of children**
- **The phase of the case process (intake, assessment, investigation)**
- **Complexity of case**
- **Court involvement**
- **Location (Rural, Urban, Suburban)**

Negative impacts of high caseloads⁹

- **Caseworker error**
- **Caseworker turnover**
- **Impact on staff well-being, job satisfaction**
- **Lawsuits**
- **Difficulting maintaining policy standards**



HEALTH

Invest in strategies to lower infant mortality.

WHY

While Tennessee has seen significant improvement in the overall infant mortality rate over the past decade, dropping from 740.7 per 100,00 in 2012 to 664.1 in 2022, infant deaths by Accidental Suffocation and Strangulation in Bed continue to be a rising problem.^{1,2,3}

In 2012, these deaths comprised 40 percent of infant deaths from external causes and 3.6 percent of all infant deaths.⁴ Comparatively, In 2022, they were 80 percent of all external deaths and 10.7 percent of all deaths.⁵ These deaths are often preventable. The 2023 Child Fatality Review Report found sleep-related infant deaths to have the following top contributing factors: Unsafe bedding or toys in the sleeping area, not sleeping in a crib or bassinet, sleeping with other people, and not sleeping on their back.⁶

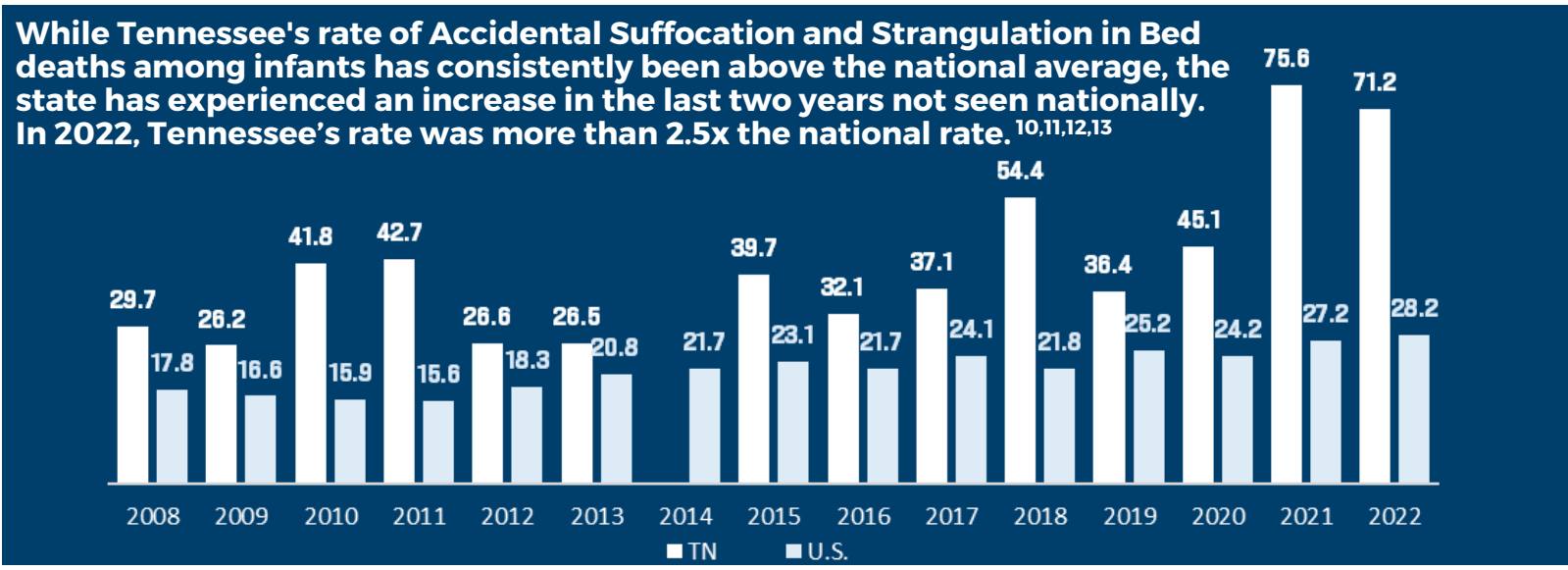
Tennessee can continue to make progress in addressing these deaths by building upon and expanding efforts to promote safe sleep practices, providing educational materials, and distributing Pack 'N Plays.

In 2022, Tennessee ranked 15th highest in the nation in infant mortality.⁷

In 2022, Tennessee had the 4th highest rate of infant deaths by Accidental Suffocation and Strangulation in Bed.⁸

Tennessee's 2023 Child Fatality Review report found the largest contributing factor to infant sleep deaths was unsafe bedding or toys in the sleeping area.⁶

While the overall rate of Accidental Suffocation and Strangulation in Bed deaths for Tennessee was 71.2 per 100,000. Black infants experienced these deaths at a rate 2.25x that of their white counterparts, 124.0 per 100,000 compared to 55.7.⁹





HEALTH

Establish recurring funding for the Child Safety Seat program.

WHY

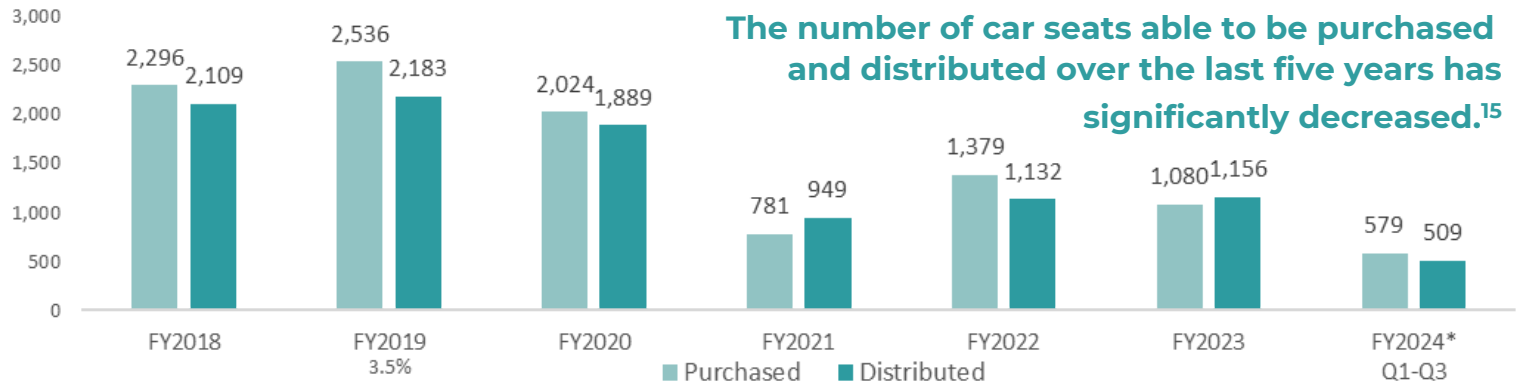
Tennessee's Child Safety Seat program works with community partners to provide car seats to parents who meet financial eligibility criteria and have children under eight. This program is entirely funded by fines assessed when an individual is caught not having a child (16 and under) properly restrained.¹⁴ Between FY2018-FY2024, these funds decreased by 50 percent, an amount equivalent to 584 infant car seats or 1,900 booster seats.¹⁵

CHILD SAFETY SEAT FUNDS¹⁵

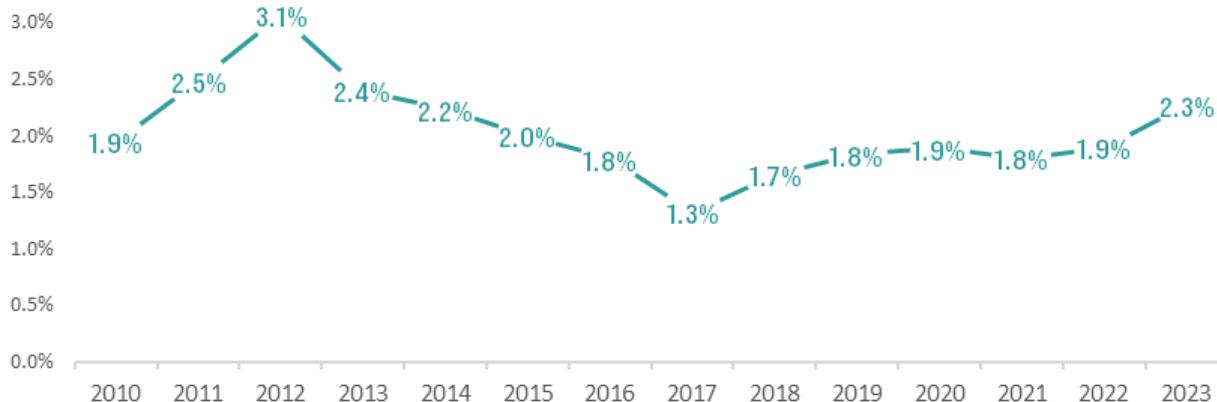
FY 2018	\$154,212
FY 2019	\$184,194
FY 2020	\$103,107
FY 2021	\$78,917
FY 2022	\$101,228
FY 2023	\$44,314
FY 2024	\$78,203

In Tennessee, from 2019-2021 Motor Vehicle Traffic was the leading cause of death for children 1 through 8 years old. In 2022, it was the second leading cause.¹⁶

In 1977, Tennessee led the nation in child safety by becoming the first state to require child restraints.¹⁷ By establishing a dependable, recurring funding amount for the Child Safety Seat Program, we can continue to ensure that families have the necessary resources to keep children safe and work to reduce the state's child mortality rate.



After a slight decline, the percent of youth age 0 - 8 who were unrestrained during a motor vehicle accident has begun to trend back up.¹⁸



Mental Health



Building on significant investments, use the existing infrastructure of the Council on Children’s Mental Health while expanding statutory requirements to develop an updated statewide plan focused on coordinating and communicating mental health services and availability for youth.

WHY

Children and youth in Tennessee and across the nation are experiencing significant mental health challenges and finding or accessing treatment can be a difficult process for many families.

Nationally, in 2023 40 percent of high school students felt so sad or hopeless almost every day for two weeks in a row that they stopped doing usual activities.¹

Addressing children’s mental health is a large task that requires a coordination of efforts among many partners, both public and private. In FY2022, 12 Tennessee agencies or commissions reported expenditures on behavioral health services for youth totaling \$834.5 million.²

Nearly 48 percent of these behavioral health services were provided in schools followed by 30 percent in provider’s offices.²

Strengthening and maximizing an Council on Children’s Mental Health to coordinate and plan these services to ensure efforts align, are accessible, and effectively communicated to Tennesseans will streamline our mental health service system.

In 2008, the Council on Children’s Mental Health was developed to develop a statewide system of care for children’s mental health.³ This multidisciplinary body still meets quarterly to discuss and share children’s mental health information, however, there is the opportunity to expand the responsibilities and re-implement an annual report to the legislature.

Addressing youth mental health challenges is a team effort that is going to take collaboration, coordination, and planning. We can build upon existing infrastructure and bring everyone to the table to create a plan to be evaluated annually on our progress and opportunities as we continue to support children and youth in Tennessee.

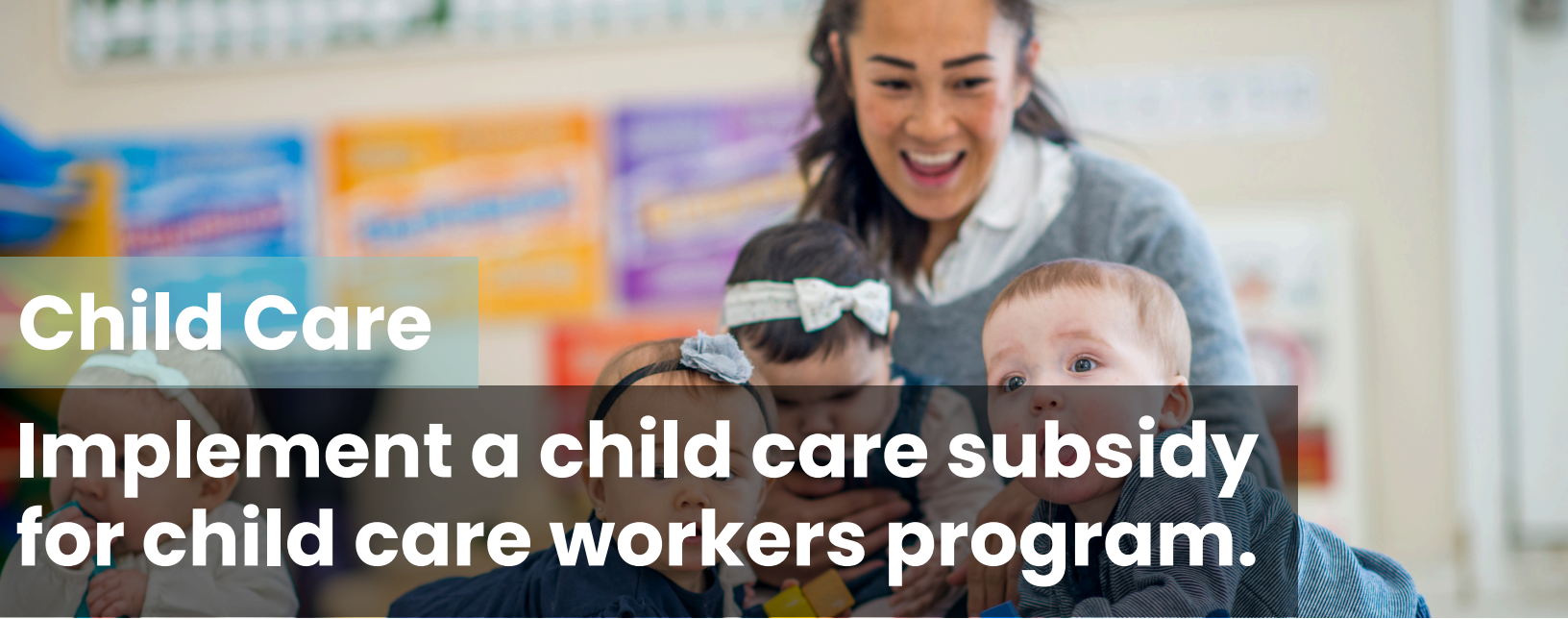
In FY2022, Tennessee had 12 different state agencies or departments providing behavioral health services to youth.²

In 2022, 63 percent of Tennessee youth with Major Depressive Episodes did not receive any mental health treatment. Nationally this figure was 56 percent and in the best performing state it was only 32 percent.⁴

Of those with Major Depressive Episodes who were able to receive treatment, 86 percent reported the treatment helped them.⁵

Between June 25 - July 22, 2024, more than one in seven Tennessee households with children under 18 reported some or all of their children needed mental health treatment.⁶

Of those Tennesseans whose children needed treatment, nearly 3 out of 4 found it somewhat or very difficult to receive treatment or were unable to obtain treatment.⁷



Child Care

Implement a child care subsidy for child care workers program.

WHY

Child care is a critical component of a successful community and economy. One of the greatest challenges states face when addressing their child care shortage is building a high-quality and stable workforce. Many early educators are also parents of young children and struggle to find and afford care, just like many other parents.

Due to necessary child-to-worker safety ratios, the number of workers available directly impacts the number of children able to be served.

Following Kentucky’s lead, many states have created a categorical eligibility provision in their child care subsidy, allowing child care workers and early educators to participate and receive the subsidy regardless of income (or in some states at a higher income threshold).^{1,2} Many states have found this program to reduce turnover and help stabilize their early education workforce.²

In Tennessee, 70 percent of parents cited accessibility as their greatest challenge in finding child care.³ By building up a strong workforce, the state can continue to make progress toward improving the availability of child care for Tennesseans who need it.

Creating a state-supported incentive for professionals to join and remain in the child care industry will assist providers in recruiting talent, resulting in more child care slots available across the state.

A more stable child care workforce creates the opportunity for more parents to return to the workforce knowing their children are receiving high-quality care.

For each early educator that receives a subsidy, up to 12 additional children under five and their families benefit from the spots, stability and care they provide.⁴

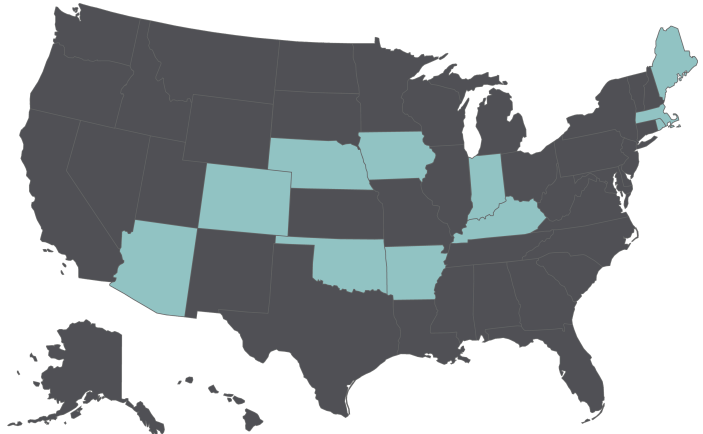
It is estimated that there are 4,200 employees working in child care with children under 6 in Tennessee. Of those, 3,300 are in classrooms.¹

Among those 4,200 workers there are 5,300 children under six.¹

One year after Kentucky implemented a similar program, 3,200 early education and child care workers and 5,600 child were benefiting from the program.²

“This has been an amazing experience. We were able to attract a top-notch toddler teacher who had chosen to stay home because the cost of child care was too high in comparison to her income.” - Rhode Island child care provider²

Eleven states have implemented a child care for child care workers program or pilot.⁵⁻¹⁴



Child Care

Conduct a study on Tennessee's child care subsidy participation and opportunities.

WHY

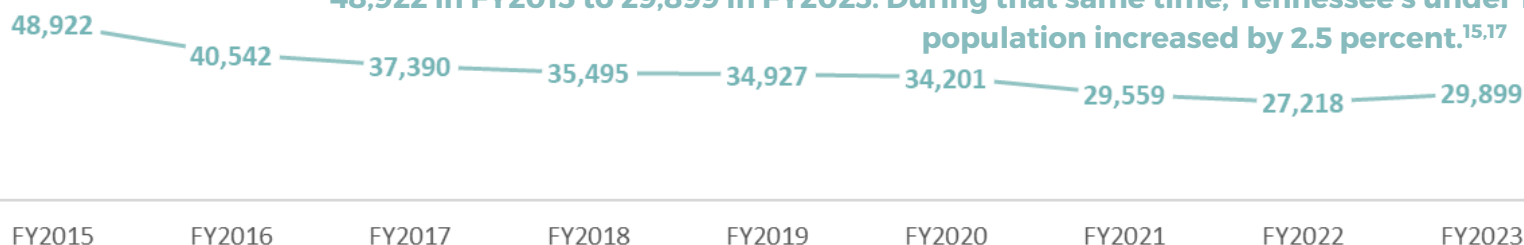
Working families in Tennessee and nationally, often need additional financial support to provide care for their children while they are working. Currently, in Tennessee parents are eligible for Smart Steps if their income is below the 85th percentile of the state median income. Ensuring that all Tennessee families who are eligible and interested in participating in the child care subsidy are enrolled will assist in alleviating some of the financial burden families with young children face.

Understanding barriers to access, ways to increase subsidy uptake, and the potential impact of policy changes is necessary for operating an efficient and effective subsidy program.

In FY2023, 29,899 Tennessee children were served by child care benefits, representing a slight increase after several years of decline.¹⁵

A study found that in 2019, across the United States, an estimated 8.7 million children were eligible for their state's child care subsidy but only 2 million received it, a 23 percent participation rate.¹⁶

The number of Tennessee's youth served by child care benefits has fallen from 48,922 in FY2015 to 29,899 in FY2023. During that same time, Tennessee's under 18 population increased by 2.5 percent.^{15,17}



Questions to address in the study:¹⁸

- Are there certain populations that are disproportionately under-using child care subsidies?
- What is the county by county subsidy participation rate for eligible families?
- For eligible families that are not using the subsidy, why?
 - Are they not interested/ or do not need the subsidy?
 - Did they not know they were eligible?
 - Is care unavailable in their area or not available at the times they need?
 - Are there not enough providers taking the subsidy in their area?
- If the subsidy eligibility threshold was increased to 100% State Median Income, how many more people would participate in the subsidy? How many more new or returning employees in the workforce could subsidy changes provide?
- For those that would return to the workforce with the subsidy, what is their income? What is their field and education level?
- For those who are not participating in the workforce because of child care, do they want to be in the workforce? What was their income/field/education/demographics prior to leaving the workforce?



Education

Include automatic inflation adjustment for TISA funding formula.

WHY

Each year, the Tennessee Commission on Children and Youth tracks state and federal expenditures on children in Tennessee through our Resource Mapping report. Consistently, the state's largest expenditure on children has been our education funding formula, formerly the Basic Education Program (BEP) and now the Tennessee Investment in Student Achievement.¹

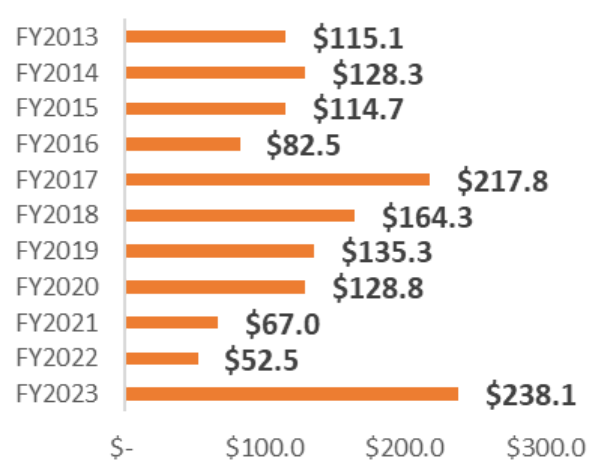
One observation made in Resource Mapping every year is the continued increase in education funding. Tennessee's per-student expenditures were low compared to the rest of the country, but fully funding the BEP required increases each year to keep up with the cost of inputs the formula measures. Because it measured the cost of these inputs each year, the BEP formula offered an automatic inflation adjustment of sort resulting in funding increases each year.

This was especially noticeable during recessions when other states often cut education spending. This strength of the BEP formula should not be lost now that the state has moved to the TISA formula. New investments will quickly lose their value if inflationary adjustments are not made every year. Making such adjustments automatically prevents the threat of these losses and makes for a more stable funding formula.

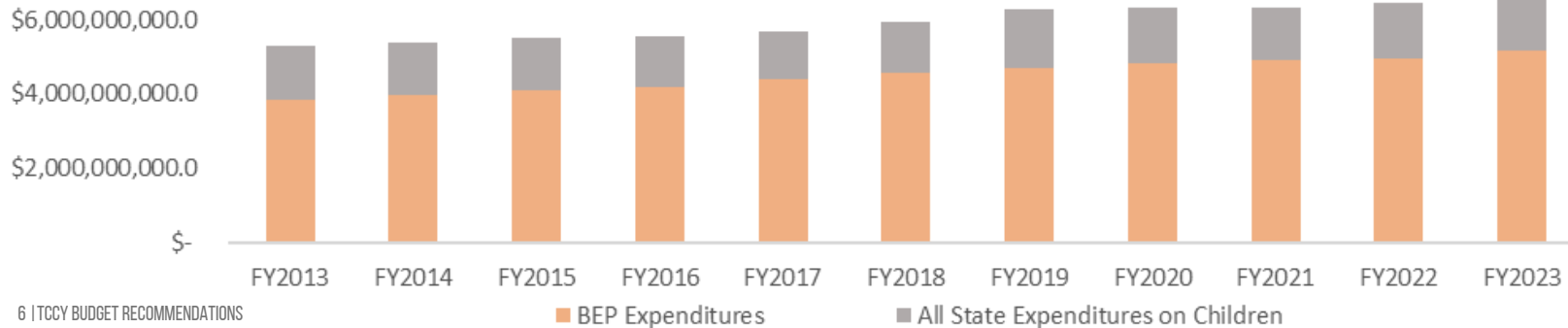
This strength of the BEP formula should not be lost now that the state has moved to the TISA formula. New investments will quickly lose their value if inflationary adjustments are not made every year. Making such adjustments automatically prevents the threat of these losses and makes for a more stable funding formula.

In FY2023, the BEP accounted for nearly \$5.2 billion of the \$14.0 billion spent on youth in the state.¹

Increase in BEP expenditures by year (in millions)



The BEP historically comprised a large percentage of the state's expenditures on children.¹



Youth Justice

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Child Welfare

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TENNESSEE COMMISSION ON **CHILDREN & YOUTH**

TCA 37-3-103(a)(1)

The commission shall perform each of the following duties:

(A) Make recommendations concerning establishment of priorities and needed improvements with respect to programs and services for children and youth;

(B) On or before September 1 of each year, make recommendations for the state budget for the following fiscal year regarding services for children and youth and submit the recommendations to the governor, the finance, ways and means committee of the senate, the finance, ways and means committee of the house of representatives, the legislative office of budget analysis, and the affected state departments;



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